## IN THE UNITED STATES DISTRICT COURT FOR THE DISTRICT OF SOUTH CAROLINA

**Employment** 

Plantiff (Write the full name of each plaintiff who is filing	Complaint for Employm Discrimination  Case No.
this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)	(to be filled in by the Clerk's Office)  Jury Trial: □ Yes □ No (check one)
-against- LLOYD J. Austin, III Secretary U.S. Department of Defense (Write the full name of each defendant who is being sued. If the names of all the defendants	2022 JUL 20 PM 4:

### The Parties to This Complaint I.

page with the full list of names.)

cannot fit in the space above, please write "see attached" in the space and attach an additional

#### The Plaintiff(s) A.

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	Deborah Garrich
Street Address	126 Valley DOWN Koad
City and County	Gadsder Richland County
State and Zip Code	South Carolina 29052
Telephone Number	803-394-3333

# B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Defendant No. 1	
Name	Brian Dula
Job or Title	Facility Operation Specialis
(if known)	
Street Address	5705 Calter Rd
City and County	Ft. Jackson
State and Zip Code	S.C. 29207
Telephone Number	
Defendant No. 2	
Name	Calvin Moxley
Job or Title	Maintenance & pervisa
(if known)	
Street Address	5705 Caster Kd
City and County	Ft. Jackson
State and Zip Code	5.c. a9a07
Telephone Number	
Defendant No. 3	
Name	Alexia Pamplin
Job or Title	Custodian
(if known)	
Street Address	5705 Contenta
City and County	FL. Jackson S.C.
State and Zip Code	S.C. 29207
Telephone Number	
Defendant No. 4	
Name	
Job or Title	
(if known)	

		Street Address
		City and County
		State and Zip Code
		Telephone Number
C.	Place	of Employment
	The a	dress at which I sought employment or was employed by the defendant(s)
	is:	
		Name Piece Terrace ElementarySchal
		Name Street Address  Yielce Telephone FlementarySchol  5705 Carter Road
		City and County Ft. Jackson Richland County
		State and Zip Code S.C. 29207
		Telephone Number
Basis	for Jui	sdiction
This	action i	brought for discrimination in employment pursuant to (check all that
apply	<b>)</b> :	
	_/	T'd MH Cd C' 'I B'dd Ad Clock and 1864 40 H C C 88 2000
	<u>L</u>	Title VII of the Civil Rights Act of 1964, as codified, 42 U.S.C. §§ 2000e to 2000e-17 (race, color, gender, religion, national origin).
		(Note: In order to bring suit in federal district court under Title VII, you
		must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)
		Age Discrimination in Employment Act of 1967, as codified, 29 U.S.C.
		§§ 621 to 634.
		(Note: In order to bring suit in federal district court under the Age
		Discrimination in Employment Act, you must first file a charge with the
		Equal Employment Opportunity Commission.)
		Americans with Disabilities Act of 1990, as codified, 42 U.S.C. §§ 12112 to 12117.
		(Note: In order to bring suit in federal district court under the Americans
		with Disabilities Act, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)
		Other federal law (specify the federal law):

II.

III.

		Relevant	sta	ite	law	(spe	cify,	if	known):
		Relevant	city	or	county	law	(specify,	if	known):
State	ment of	Claim		- "					
briefly relief cause of that and v	y as pose sought. It is the plant involves write a second	and plain st sible the fact State how e aintiff harm rement or co short and pla- ges if needed	s showing the show	ng that endant ted the	t each plaint t was involve plaintiff's e than one	tiff is en ved and rights, in claim is	titled to the what each oncluding the asserted, no	damage lefendar dates a umber e	es or other nt did that and places each claim
A.	The d	iscriminatory pply):	conduc	t of w	hich I comp	olain in t	his action in	ncludes	(check all
		☐ Fail ☐ Fail ☐ Fail ☐ Une ☐ Ret ☐ Oth (Note: On	lure to produce to accept aliation. Her acts ( Including those the component of the compone	n of my romote common and specify e growrtunity	e me. nodate my de conditions  e):  unds raised o Commission	isability s of my e	employment charge file be consider	d with	he federal
В.	It is n	ny best recoll	lection the	nat the	alleged dis	criminat	ory acts occ	urred or	n date(s)
C.	I beli	eve that defe	ndant(s)	(check	k one):				
		is/a	are not st	till con	tting these a	se acts a		1910	yed

	D.	Defendant(s) discriminated against me based on my (check all that apply and explain):		
		race African American		
		color Dark skinned		
		gender/sex Female		
		religion Baptist		
		national origin		
		age. My year of birth is (Give your year of birth		
		only if you are asserting a claim of age discrimination.)  □ disability or perceived disability (specify disability)		
		disability of perceived disability (specify disability)		
	E.	The facts of my case are as follows. Attach additional pages if needed.		
		FROM MY JOB and Retiliated against Decause. I filed an EEO case, I was sent to the facency EEO Courselor Hoteler Hoe Case and the courselor Would Not the As additional support for the facts of your claim, you may attach to this complaint a copy of your charge filed with the Equal Employment Opportunity Commission, or the charge filed with the relevant state or city human rights division.)		
IV.	Exhau	istion of Federal Administrative Remedies		
	A. It is my best recollection that I filed a charge with the Equal Employment Opportunity Commission or my Equal Employment Opportunity counselor regarding the defendant's alleged discriminatory conduct on (date)  Detober 21, 2020			
	В.	The Equal Employment Opportunity Commission (check one):		
		☐ has not issued a Notice of Right to Sue letter.		
		issued a Notice of Right to Sue letter, which I received on (date)		
		•		

(Note: Attach a copy of the Notice of Right to Sue letter from the Equal Employment Opportunity Commission to this complaint.)

C. Only litigants alleging age discrimination must answer this question.

Since filing my charge of age discrimination with the Equal Employment Opportunity Commission regarding the defendant's alleged discriminatory conduct (check one):

60 days or more have elapsed.

□ less than 60 days have elapsed.

### V. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

Relief	sought naful acti	is for l	ast of pay
	rigia acri		

## VI. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

# A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where caserelated papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

	Date of signing: July 20	_, 20 <u>22</u> , DG
	Signature of Plaintiff Printed Name of Plaintiff	Desorion L. Garrick
В.	For Attorneys	
	Date of signing:	_, 20
	Signature of Attorney	
	Printed Name of Attorney	
	Bar Number	
	Name of Law Firm	
	Address	
	Telephone Number	
	E-mail Address	